



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 07 2016

Ms. Deneane R. Miller, Owner/Administrator
Deneane Armel
142 Fairview Avenue
Confluence, Pennsylvania 15424


RE: Deneane's Personal Care Home
License #: 321520

Dear Ms. Miller:

As a result of the Department of Human Services' annual licensing inspection on January 6, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,


Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: DENEANE S PERSONAL CARE HOME		License Number: 32162
Address: 142 FAIRVIEW AVENUE, CONFLUENCE, PA 15424		County: Somerset
Administrator: DENEANE ARMEL		Region: CENTRAL
Legal Entity Name: DENEANE ARMEL		
Legal Entity Address: 142 FAIRVIEW AVENUE, CONFLUENCE, PA 15424		
Certificate(s) of Occupancy C-2 LP 02/08/1999 Labor and Industry		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 18	Waking Staff: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
01/06/2016: OPake, Hope; Heemer, Laura		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>MAY 12 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18 Number of Residents Served: 18 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 18 Are 60 Years of Age or Older: 11 Have Mental Illness: 15 Have an Intellectual Disability: 7 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 32152 - 01/08/2016 - OPake, Hope
 PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On January 8, 2016, the home's current license and current violation report were not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The homes current license and violation report was immediately posted in the resident dining area.

Administrator and staff will check the bulletin board in the dining area weekly to ensure all necessary and required documents are posted.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deneane L Arnel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deneane R Arnel Adm.</i>	Date <i>5/3/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-2-16</u> (Date) The above plan of correction was approved by <u><i>DR</i></u> (Initials)	Plan of correction implementation status as of <u>6-2-16</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 32152 - 01/06/2016 - OPake, Hope
 PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On December 27, 2015 and January 2, 2016, a total of 13.5 waking hours of direct care was required. However, only 12 of the required hours were provided during waking hours.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff schedules were changed to ensure that the required staffing hours are met according to department policy.

On-going, the Administrator will adjust staff schedules to meet the required hours. -BE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deneane E. Armet*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deneane E. Armet Admin</i>	Date <i>5/3/16</i>
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The above plan of correction is approved as of 6-2-16
 (Date)

The above plan of correction was approved by BE
 (Initials)

Plan of correction implementation status as of 6-2-16
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32152 - 01/06/2016 - OPake, Hope
 PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member D, hired on [REDACTED] 2012, did not complete initial direct care training until January 7, 2015.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person D has worked at the affiliated facility (owned and administrated by the same person) for many years, therefore, Administrator assumed that the previous initial direct care training would be valid. Administrator will ensure that ALL new employees, even when being transferred between facilities, complete the initial direct care training.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deneane S. Armet*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deneane S. Armet Adm.* Date *5/3/11*

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 (Initials)

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Violation Report: 32152 - 01/06/2016 - OPake, Hope
 PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

On January 6, 2016, the hall light outside of Room #3 was inoperable.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The light bulb in hall outside Room #3 needed replaced. It was immediately replaced while the On Sit Department Representatives were in the home.

Administrator and Maintenance Staff will check all areas of the home weekly and ensure that all areas of the home have ample lighting for the safety of the residents while in the home and upon evacuation. Staff was also informed to check areas of the home while working and to inform Administrator of any areas throughout the home that are not well lit or not safe for residents.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/23/2015	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deneane R. Armet*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deneane R. Armet, Adm.* Date *5/3/16*

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Violation Report: 32152 - 01/06/2016 - OPake, Hope
 PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The ceiling in the first floor shower room has water damage and black spots which appear to be mold.
 The L-shaped vent in Room #3 has a broken area approximately six inches by 4 inches in size.
 The cover of the heater under the window of Room #2 is dented and broken.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All 3 items listed were immediately fixed by the home's maintenance staff.

Administrator and Maintenance Staff will check all areas of the home weekly and ensure that all areas of the home are clean, in good repair and free of hazards. Staff was also informed to check areas of the home while working and to inform Administrator of any areas throughout the home that are not clean, in good repair or free from hazards.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Deneane S. Arnel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Deneane S. Arnel</i> ^{Admin.}	<i>5/3/16</i>

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Violation Report: 32152 - 01/06/2016 - OPake, Hope
 PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 There were no screens on the windows of Room #2 and Room #3.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Window screens were immediately placed in bedrooms #2 and #3.

Administrator and Maintenance Staff will check all windows weekly to ensure screens are in all doors and windows.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Deneane S. Arnel

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Deneane S. Arnel	5/3/16

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Violation Report: 32152 - 01/06/2016 - OPake, Hope
 PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the dining room does not include tweezers, antiseptic or adhesive bandages. In addition, the scissors were rusted.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The items missing were immediately placed into the first aid kit. The rusted scissors were removed and replaced.

Administrator and staff will check all the first aid kit weekly and ensure that all items are included. Staff will also be trained that all items in the first aid kit must be replaced and in good working order.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/23/2015	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deneane S. Arnel*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Deneane S. Arnel, Admin.* Date *5/3/16*

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Violation Report: 32152 - 01/06/2016 - OPake, Hope
 PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #1 does not have a source of light that can be turned on/off from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A bedside lamp was immediately placed for Resident #1 while the On Site Department Representatives were there.

Administrator and Maintenance Staff will check all areas of the home weekly and ensure that all residents have a bedside source of light.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Deneane S Armet

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Deneane S Armet MA

Date

5/3/16

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 (Initials)

Violation Report: 32152 - 01/06/2016 - OPake, Hope
 PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION
 On January 6, 2016, a cat named Snowball was present at the home in Room #2. The home does not have a current certificate of rabies vaccination for the cat.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The home now has a current certificate of rabies vaccination for Snowball. The administrator will ensure that his rabies vaccinations are kept up to date.

Please see Attachment "A"

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deneane S. Arnel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deneane S. Arnel Adm</i>	Date <i>5/3/16</i>
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Violation Report: 32152 - 01/06/2016 - OPake, Hope
 PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

The home's designated smoking area is on the front porch. However, a green vinyl couch and black leather couch were found in this area that were not labeled as meeting CA Bureau of Home Furnishing Flammability Requirements.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The vinyl and leather couches were immediately removed from the front porch area while the On Site Department Representatives were there.

Administrator and Maintenance Staff will check all areas of the home weekly and ensure that all furniture in the smoking area meet the CA Bureau of Home Furnishing Flammability Requirements.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/23/2015
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Deneane S Arnel</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Deneane S. Arnel</i> ^{Adm.}	<i>5/3/16</i>

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 (Initials)

Plan of correction implementation status as of 6-2-16
 (Date)

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Violation Report: 32152 - 01/06/2016 - OPake, Hope
 PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening forms for Resident #2 and Resident #3 did not include a determination that the home can meet the service needs of the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff overlooked the question of the pre-admission screening for Resident #2 and Resident #3. Staff was informed that this is a requirement of the form and all areas of the form must be completed. Administrator will review all pre-admission screening forms to ensure they are completed accurately and entirely.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Deneane R. Armet*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Deneane R. Armet Adm.</i>	Date <i>5/3/16</i>
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